



OCT 1 7 2005

# State of Washing For FCOLOGY

Fee Paid 50

Date 6/11/05

AGO

Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays.

| Section 1. APPLICANT - PERSON, ORGA  | ANIZATION, OR WATER SYSTEM   |
|--|--|
| Name Walter Edson  | Home Tel:(425)823 - 867H   |
| Mailing Address POBOX 82373  | Work Tel:(   |
| City Kenmore State WA Zip+4980   | 28 + FAX:() -  |
| Section 2. CONTACT - PERSON TO CAL  ☐ Same as above  | L ABOUT THE APPLICATION  |
| Name Gene Knapp  | Home Tel:(   |
| Name Gene Knapp Mailing Address PO Box 5008  | Work Tel:(360) 733 - 0212  |
| City Bellingham State WA Zip+4 982   | 127+5008 FAX: (360) 738 - 2341   |
| Relationship to applicant Attorney   |  |
| Section 3. STATEMENT OF INTENT   |  |
| The applicant requests a permit to use not more than cubic feet per second) from a surface water source or of Color of  | etions.) NOTE: A tax parcel number or a plat number is not                 |
| 그리는 어머니는 사람들은 제대통령하는 이 사람들들들까지 않는데 보고 있다. 그는 모이지 보는 경영 하는 데를 했다.   | oject. Indicate the period of time that the water will be needed:          |
| From/ to//   |  |
| Section 4. WATER SOURCE  |  |
| If SURFACE WATER   | If GROUNDWATER   |
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:   | A permit is desired for well(s).   |
| Number of diversions:  |  |
| Source flows into (name of body of water):   | Size & depth of well(s): Not drilled yet,<br>estimate 6" X below sea level |
| LOCATION   |  |
| Enter the north-south and east-west distances in feet fi section corner:   | rom the point of diversion or withdrawal to the nearest                    |
| 1/4 of 1/4 of Section Township Range(E/W   | If location of source is platted, complete below:                          |
| The second secon | Lot Block Subdivision  |
| SW SE 2 37 OIE   | Whateom 14 3 Pepattowa Illahoe   |
| 2  | Whateom 13 & 3   |
| For Ecology Use Date Received: Prio  | rity Date: 10 17 105   |
| SEPA: Exempt/Not Exempt FERC License #   | Dept. Of Health#   |
| Date Accepted As Complete 10 17 05 By Date   | Returned By WRIA:  |

Appl. No.: 6 - 28386

DEPT OF ECOLOGY

| A.              | Name of system, if named:   |
|-----------------|---|
|                 |   |
| В.              | Briefly describe your proposed water system. (See instructions.)  |
|                 |   |
|                 |   |
|                 | 1   |
|                 |   |
|                 | 지역성도 이 이 있는 아이들을 가득하게 되었다면 이 이 이 가는 것은 사람이 있는 것은 점점이 가득했다.  |
| C.              | Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO PROVIDE DOCUMENTATION.   |
| NASSESSEE STATE | ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)   |
| 100             | infricted for all domestic public supply usess,   |
| A.              | Number of "connections" requested:  Type of connection  (Homes, Apartment, Recreational, etc.)  |
| В.              | Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.  |
| Con             | aplete C. and D. only if the proposed water system will have fifteen or more connections.   |
| C.              | Do you have a current water system plan approved by the   |
|                 | Washington State Department of Health? ☐ YES ☐ NO If yes, when was it approved? Please attach the current approved version of your plan.  |
|                 | If yes, when was it approved: I lease attach the current approved version of your plan.   |
| D.              | Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.  |
| Sec             | ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION   |
| Securitions     | omplete for all irrigation and agriculture uses.)   |
| A.              | Total number of acres to be irrigated:  |
| В.              | List total number of acres for other specified agricultural uses:   |
| ٥.              | 그림은 그리아 얼마를 하지 않는데 얼마를 하지만 하다. 그리는 그는 그런 그런 그렇게 되었다.  |
|                 | Use         Acres           Use         Acres   |
|                 | Use Acres Use Acres   |
| C.              | Total number of acres to be covered by this application:  |
| D.              | Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)   |
|                 | Add up the acreage in which you have a controlling interest, including only:  |
|                 | <ul> <li>‡ Acreage irrigated under water rights acquired after December 8, 1977;</li> <li>‡ Acreage proposed to be irrigated under this application;</li> <li>‡ Acreage proposed to be irrigated under other pending application(s).</li> </ul> |
|                 |   |
|                 | <ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>YES □ NO</li> </ol>   |
|                 | If yes, enter permit no:  |
| E.              | Form uses:  |
| E.              | Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below)   |
| 1               | Dairy - # Milking # Non-milking   |

| Will you be using a dam, dike, or other structure to retain or store water?   | □ YES X NO  |
|---|---|
| NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 1 some portion of the storage will be above grade, you must also apply for a reservoir permit. application from the Department of Ecology.   |   |
| Section 9. DRIVING DIRECTIONS   |   |
| Provide detailed driving instructions to the project site. Take the Slater Road of Turn left anto Slater Road Turn left anto Slater Road Turn Shight left anto Machenic Road Turn Shight left anto Machenic Road Turn left anto Lummi View Drive Turn left anto Lummi Share Road Turn left anto Baylane > Turn left anto Postal aver    |   |
| Section 10. REQUIRED MAP  |   |
| A. Attach a map of the project. (See instructions.)   |   |
|   |   |
| Section 11. PROPERTY OWNERSHIP  |   |
| A. Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name.  | (s) and address(es) of the owner(s):                      |
|   |   |
| 3. Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement:  | X YES □ NO  |
| certify that the information above is true and accurate to the best of my knowled process my application, I grant staff from the Department of Ecology access to the monitoring purposes. Even though I may have been assisted in the preparation of employees of the Department of Ecology, all responsibility for the accuracy of the | e site for inspection and of the above application by the |
| Applicant (or authorized representative)  Date  | )-13-05   |
| Same  |   |
| Landowner for place of use (if same as applicant, write "same")  Date   |   |
|   |   |
|   |   |

Section 8. WATER STORAGE

| We are returning your application for the following i     | reason(s):                        |   |
|---|-----------------------------------|---|
| Examination fee was not enclosed                          |                                   | APPLICANT PLEASE RETURN<br>TO CASHIER, PO BOX 5128,<br>LACEY, WA 98509-5128 |
| Section number(s) incomplete                              | is/are                            | APPLICANT PLEASE RETURN<br>TO THE APPROPRIATE<br>REGIONAL OFFICE            |
| Explanation:  |                                   |   |
|   |                                   |   |
| Please provide the additional information requested<br>(a | above and return your a<br>late). | pplication by   |

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)

APPLICATION

Ecology is an Equal Opportunity and Affirmative Action employer.

or (360) 407-6006 (TDD).

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.



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## Assessor





| Parcel Tax      | Tax                       | Appeals/Permits/Sales | Building | Map  |
|-----------------|---------------------------|-----------------------|----------|------|
| Summary Summary | Detail Assessment/History |                       | Details  | List |

### 370102 306008 0000

Site address: 0 POSTAL AVE

Legal

PEPA HOWA ILLAHE

Description:

LOT 14 BLK 3

Owner:

WALTER A EDSON P O BOX 82373 KENMORE WA 98028

Taxpayer:

WALTER A EDSON

**Property Characteristics** 

**Assessed Value** 

**Total Acres** 

Land:

3.000

.00

Imp: Total:

3,000

Land Use:

9110 RESIDENTIAL

Tax Dist:

2060 502 F8

Zoning:

RES RURAL 1DU/A

Tax Status: TAXABLE

F/P?

F/P Ac:

.00

Exempt Prog:

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## Assessor





| Parcel Tax Tax<br>Summary Summary Detai | Assessment/History | Appeals/Permits/Sales | Building<br>Details | Map<br>List |
|---|--------------------|-----------------------|---------------------|-------------|
|---|--------------------|-----------------------|---------------------|-------------|

## 370102 306012 0000

Site address: 0 POSTAL AVE

Legal

PEPA HOWA ILLAHE

Description: S 1/2 OF LOT 13 BLK 3

Owner:

WALTER A EDSON

P O BOX 82373 KENMORE WA 98028

Taxpayer:

WALTER A EDSON

#### **Property Characteristics**

**Assessed Value Total Acres** 

Land:

1.500

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Total:

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9110 RESIDENTIAL

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2060 502 F8

Zoning:

RES RURAL 1DU/A

Tax Status: TAXABLE

F/P?

F/P Ac:

.00

Exempt Prog:

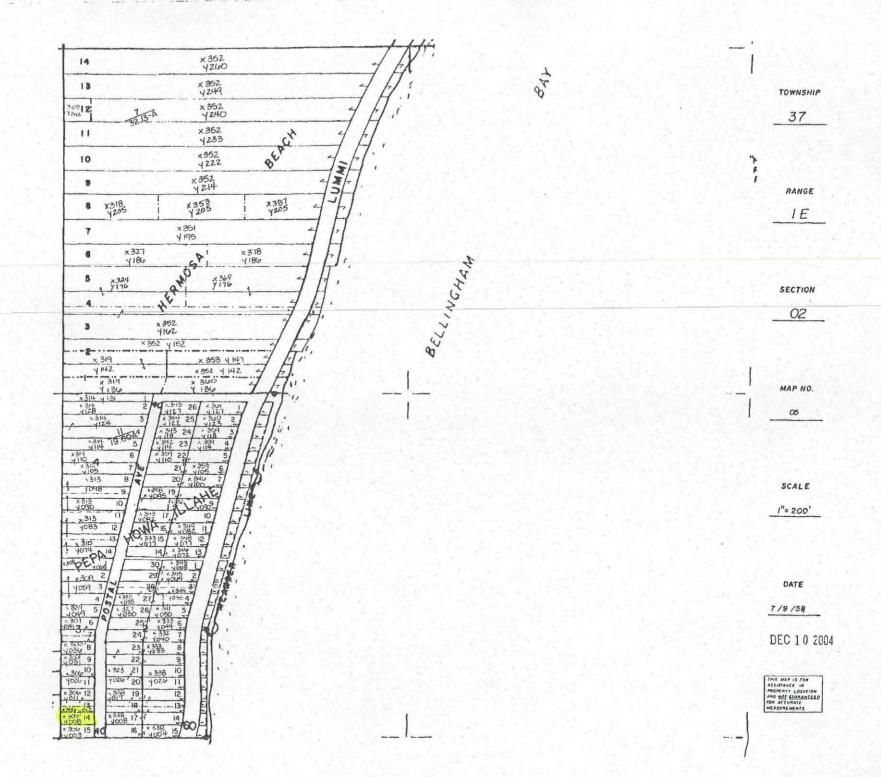
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